|   |  |               |                             |                         |                                 |                                   | 1. C                    | ontract Number                   | Page of Pages    | } |  |
|---|--|---------------|-----------------------------|-------------------------|---------------------------------|-----------------------------------|-------------------------|----------------------------------|------------------|---|--|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT  |  |               |                             |                         |                                 |                                   |                         |                                  | 1 2              |   |  |
| 2. Amend  | dment/Modification Number 3. Effective Date 4. Requisition No. |               |                             |                         | on No.                          |                                   | 5. Solicitation Caption |                                  |                  |   |  |
| A002  | , , , , , , , , , , , , , , , , , , ,                          |               |                             |                         |                                 |                                   |                         | Mortality Investigation Services |                  |   |  |
| 6. Issued by: Code JM0TNS 7. Administered by (If other than line 6)   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| Department on Disability Services   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| Office of Contracts and Procurement   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| 1125 15 <sup>th</sup> Street NW., 4 <sup>th</sup> Floor   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| Washington, DC 20005-2717   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| 8. Name and Address of Contractor (No. street, city, county, state and zip code)  |  |               |                             |                         |                                 | 9A. Amendment of Solicitation No. |                         |                                  |                  |   |  |
|   |  |               |                             |                         | X DCJM-2010-R-0006              |                                   |                         |                                  |                  |   |  |
| 9B. Dated (See I  |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| February 1  |  |               |                             |                         |                                 |                                   |                         |                                  |                  | _ |  |
| To a meanicalier  |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
|   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| 10B. Dated (Se  |  |               |                             |                         |                                 |                                   |                         | )                                |                  |   |  |
| AL THE ITEM ON WARDINGS TO ALEXENTE OF COLUMNATION  |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended. X is not extended.  Offerors must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| (a) By completing Items 8 and 15, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF                                    |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.  12. Accounting and Appropriation Data (If Required)  |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| 12.7 toodining and Appropriation Data (in required)   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTORS/ORDERS ,   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14  A. This change order is issued pursuant to (Specify Authority): THE CHANGES CLAUSE,   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| The changes set forth in Item 14 are made in the contract/order no. in item 10A.  |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.  |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| C. This supplemental agreement is entered into pursuant to authority of:  |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
|   | D. Other (Specify type of modification and authority)          |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| E IMPO  | ADTANT: Contractor   | io not   [    | Tie required to sign this o | locumer                 | nt and                          | return                            | con                     | v to the issuing office.         |                  |   |  |
| E. IMPORTANT: Contractor is not is required to sign this document and return copy to the issuing office.  14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
|   |  | 1             |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| Requ  | est for Proposals (RF)   | P) No. I      | DCJM-2010-R-000             | 6 for 1                 | Mor                             | tality Investigat                 | tion                    | Services, as amen                | ded, 1s          |   |  |
| hereb   | by further amended to  | respond       | l to additional ques        | stions                  | raise                           | ed by prospective                 | ve of                   | ferors, as follows               | •                |   |  |
|   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| A. What types of special reporting, as in section C.3.3.5, have been necessary during the past two years? Can an  |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| example be provided?  |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
|   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| Response: Special reporting may result from contact with media outlets (e.g., newspaper and   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| television) or may be related to evidence of criminal behavior (e.g., fraud or murder).   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
|   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
|   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
|   |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.  |  |               |                             |                         |                                 |                                   |                         |                                  |                  |   |  |
| 15A. Name and Title of Signer (Type or print)   |  |               |                             |                         | 6A. Name of Contracting Officer |                                   |                         |                                  |                  |   |  |
| ·   |  |               |                             | Ja                      | nice                            | Parker Watson                     | ı                       |                                  |                  |   |  |
| 15B. Nan  | ne of Contractor   |               | 15C. Date Signed            | 16B. Diş                | trict o                         | f Columbia                        | 1                       |                                  | 16C. Date Signed | j |  |
|   |  |               |                             |                         | tan                             | in Columbia                       | Val                     | son                              | 2/24/10          |   |  |
|   | (Signature of person author                                    | ized to sign) |                             | <i>(</i> ) <sup>4</sup> |                                 | <b>V</b>                          | (Sign                   | nature of Contracting Officer)   | · · ·            |   |  |

B. C.3.3.5 The Contractor shall provide any other Special Reporting concerning investigative complications, e.g., integrity, privacy, media, criminal. This aspect of reporting shall initially be communicated telephonically and followed by written report. What does this mean????

Response: To the extent that the Contractor provides Special Reporting, the initial contact with the appropriate entity will be done by telephone with a written report provided by the Contractor as a follow-up.

C. Under what circumstances would the contractor need to contact other government agencies listed in section C.4.7?

Response: The District of Columbia Department of Health's (DOH) Health Regulation and Licensing Administration (HRLA) licenses and inspects group homes (i.e., residential habilitation settings) for persons with intellectual and developmental disabilities and certifies intermediate care facilities for persons with mental retardation (ICFs/MR) that participate in the Medicaid program. HRLA conducts annual on-site and monitoring surveys to ensure these facilities maintain compliance with the health, safety, sanitation, life safety code and habilitative components of District and federal requirements. To the extent the Contractor's mortality investigation involves an individual who resided in a home licensed by HRLA, the Contractor may contact HRLA for relevant information.

The Department of Health Care Finance (DHCF) is the District of Columbia's state Medicaid agency. To the extent the Contractor's mortality investigation involves issues surrounding Medicaid payments, the Contractor may contact DHCF for relevant information.

The Metropolitan Police Department (MPD) is the primary law enforcement agency for the District of Columbia. The Contractor may need to contact MPD if there is reason to believe a crime has occurred involving or related to the death of an individual served by DDS.

D. C.4.7 The Contractor shall contact, as needed, other government agencies with supervisory or regulatory authority relative to DDS customers, programs, or service provider agencies such as the Department of Health's Health Regulation and Licensing Administration, the Department of Health Care Finance or the Metropolitan Police Department. Under what circumstances might this be needed?????

See response to C above.

E. How many deaths have required an on-site investigation since 2002?

Response: All deaths from 2002 through 2006 required on-site investigations. Since 2006, DDS has requested that 46 on-site investigations be conducted, including 12 in 2008 and 4 (four) in 2009. The estimated minimum numbers as set forth in the Pricing Schedule, Section B3, reflect the District's best estimate of the distribution of the three types of investigations and reports for this contract and option years.

F. Although the time frame is necessarily short for Category 1 investigations, is the 30-day time frame for completion of the draft report the same for all three categories?

Response: Yes.

G. Section H.1 presents the minimum qualifications for three types of mortality investigation personnel: physicians, nurses and investigators. Does the department have any policies or standards that specify which type of personnel are preferred or required for completion of different categories of investigations or functions within investigations? Does the Department prefer a "team" investigation involving two or all three types of personnel?

Response: The District does not necessarily prefer a "team" investigation; however, the Contractor needs investigators and medically-trained personnel as appropriate to conduct each investigation. Section H.1.2 sets forth the minimum qualifications for such personnel.

H. On page 2, Section B.2.5, the solicitation states that "The fixed unit prices shall include all elements of cost, including labor, material, overhead, general and administrative expenses, profit or fee and travel, for the performance of all requirements as set forth in Section C for each Investigation Report."

However, on page 19, Section G.2.2.3, the solicitation states that "Each invoice shall itemize the name of and number of hours performed by the physician, DD nurse, and investigator in fulfillment of Section C as presented in Table 1 in Section B.3. Each invoice shall itemize the actual costs for Airfare, Hotels, Auto (rental/mileage/parking) and Meals/other. Can you clarify section we are to use as we develop our price proposal? If there are questions, regarding this matter please contact me. Thank you in advance for your assistance

Response: Consistent with Section B.2.5, in response to question C, Amendment A001 deletes the conflicting language in G.2.2.3.